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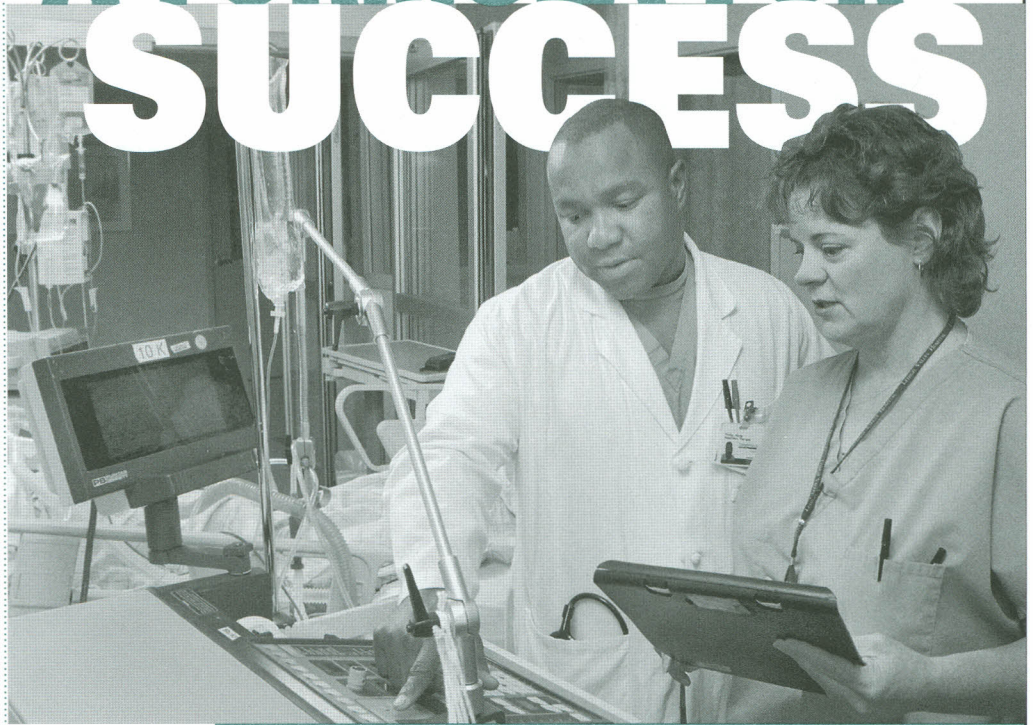
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A FORMULA FOR SUCCESS



Magnet champions on MICU share their award-winning ways in delivering superior patient-centered care.

*Magnet hospitals
are so named because of
their ability to attract
and retain the best
professional nurses.
“Magnet Attractions”
profiles our story at
Lehigh Valley Hospital
and Health Network
and shows how
our clinical staff truly
magnifies excellence.*

Ask Vicki Trexler, R.N., and Lori Snyder, R.N., what makes their unit click and the words can't come out fast enough.

In the MICU at LVH-Cedar Crest, Trexler and Snyder are proud Magnet nursing champions.

Their PRIDE just took a giant leap forward when the MICU recently was named one of the top eight “best practice” ICUs nationwide, joining Johns Hopkins and Duke University. The designation recognizes achievements of an intensivist-driven team approach to patient care spearheaded by Stephen Matchett, M.D., medical director, MICU.

The award is from the National Coalition on Health Care, the Institute for Health Care Improvement and the Society for Critical Care Medicine, and it couldn't come at a better time as LVHNN continues its quest for Magnet status.

Directors, patient care specialists and two staff nurses on every unit have taken on the role as Magnet champions, priming staff members to talk about their unit's Magnet qualities for site reviewers, patients, new recruits and more.

Phil Hinds, respiratory therapist, and Vicki Trexler, R.N., review use of a respirator as part of the team approach to fantastic patient care.

LEHIGH VALLEY
HOSPITAL AND
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www.lvhnurses.org

please turn to page 3



Seize the Opportunities and They Will Multiply

It rejuvenates that feeling of why we became nurses

"We know why you became a nurse," our nursing recruitment ads say.

It's true. We do know why—but we also *feel* why. We *feel* it every day as we change people's lives, inspire them with our caring and healing, see them go home to continue their recovery.

It's a special high that a caregiver feels. I remember the first time I felt the joy of nursing, just out of college in the late 1970s, eager to take on the art and science of what we do every day.

Soon, I learned about all the exciting facets of caring for people, all the *opportunities*, all the ways nurses could influence people's lives—and not just patients' lives but families', colleagues' and nursing students', also. "Wow, I can be a nurse *and* a teacher," I thought.

Seeking an educational role in nursing, I went on to pursue a master's degree in nursing and embraced new opportunities to work with the leading treatments, latest technology, top medical experts and best nursing specialists in every field. Upon graduation, I asked myself, "Where can I find these opportunities and experiences every day?"

Growing up here, Lehigh Valley Hospital, to me, was—and still is—the Mecca of all hospitals in the Lehigh Valley, and I was determined to be a nurse there. So, I scoured the classifieds and found a job here that I was, well, unqualified for. But I applied anyway with motivation to learn whatever was required and a dose of wishful thinking. And guess what, I didn't get that job. But the nursing director offered me a different opportunity here...and through the years, I came upon another...and another...and another.

Here I am today still at LVHHN, and here we are with more opportunities than ever, particularly with the growth of our campuses: The Regional Heart Center at LVH-Cedar Crest, the expanded programs and a Center for Healthy Aging at LVH-17th & Chew, and a new ICU and cardiovascular services planned for LVH-Muhlenberg.

We thrive on the challenges at our major teaching and learning hospital, and blossom as we embrace opportunities to be researchers, teachers, learners, specialists, administrators, published authors, national presenters, association board members and strong voices in unit decisions.

Opportunity has knocked, and many of our colleagues have opened the door with a warm welcome. You can read some of their stories in this issue. Like Louise Renninger, R.N., you can present a poster after 30 years of being a night-shift nurse. Like Juliet Geiger, R.N., you can be a board expert among hospital CEOs, legislators and leading physicians. Like the MICU staff members, you can be part of a team that is named among the top 10 in America—awards are rewards for tackling the opportunities.

You can seize the opportunities because LVHHN supports your goals, because we know why you became a nurse. We *feel* why after a satisfying day of deftly assisting in open heart surgery, successfully juggling dozens of emergencies, helping a terminally ill patient find a peaceful end and bringing joyous new life into the world.

Our nurses share this enthusiasm in our ads, nurses such as Chris Hartner, R.N. You can read this issue, and you can join her and others in attracting more fantastic nurses here.

You don't have to be in an ad to share your enthusiasm with nursing recruits. Being an advocate for LVHHN is part of the opportunity here, and you can learn more about these opportunities at www.lvhnurses.org. We all want to work with great nurses who are like us, who you can count on when it matters most.

Seize the opportunities, and they multiply for you, your colleagues and your patients.

Terry A. Capuano

Terry A. Capuano, R.N.
Senior Vice President, Clinical Services

Trexler and Snyder share some of the things on MICU worth championing.

"Going on rounds makes us more knowledgeable and improves our skills."

Close collaboration on patient rounds with intensivists, medical residents, pharmacists, respiratory therapists, nutritionists and case managers gives nurses opportunities to improve care. A physical therapist teaches better ways to get a patient in and out of bed, and physicians share national information on new procedures and technology, and more. "It really unites us," Snyder says.

"New procedures shorten our patients' stays." A strong emphasis on prevention with new protocols has shortened stays on the ICU from 4.53 days to 3.61 days since 1998. A "weaning protocol" has reduced the ventilator days per patient from 5.45 to 4.92. "We have also reduced pneumonia rates," Snyder says.

"We are very involved in building relationships with the patients' families."

MICU/SICU nurses played a central role in developing the critical care family satisfaction survey, measuring comfort, support, communication from staff and more. "We are the liaison between families, patient representatives, physicians and clergy. We helped determine the best times for patients and families to visit and revised our open door policy," Trexler says. Published in the January 2001 issue of *Critical Care Medicine*, the family satisfaction survey has scored the ICU above 90 for seven of the 11 months it has been used.

"Our skills complement one another, and there's mutual respect."

Creative problem-solving and a strong self-governance model speaks to nursing excellence and staff retention. Of 58 nurses on MICU, 81 percent have worked at LVHHN for more than five years. "Nobody's a boss here," Trexler says. "We question and learn from one another."

THE REVIEW CREW

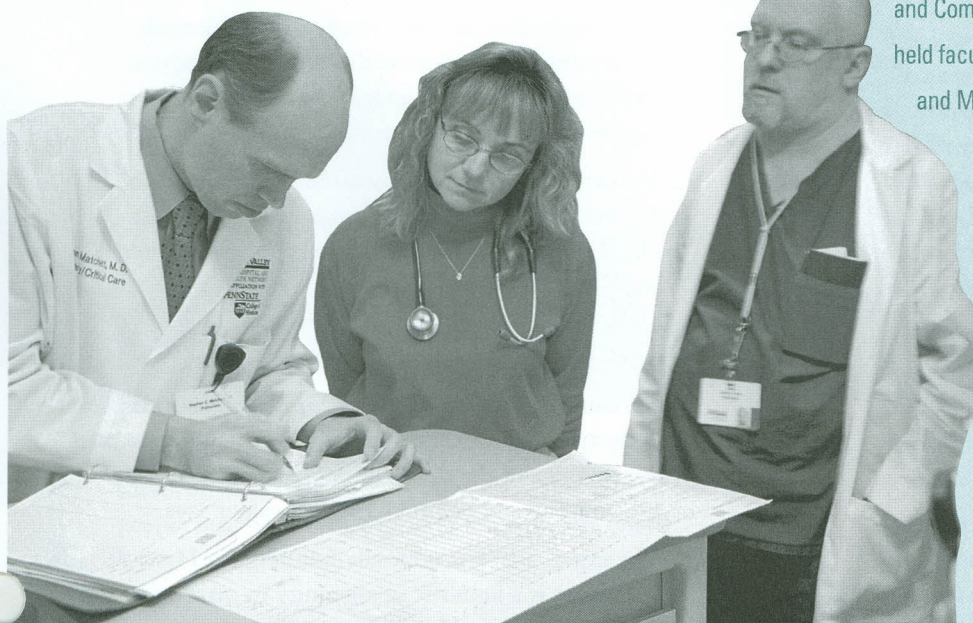
Meet our Magnet reviewers

Their nursing passports have been stamped from Maine to Colorado with points in between. Next stop on the Magnet Express: LVHHN.

The two nurses whose opinion will weigh heavily in deciding whether LVHHN is worthy of Magnet hospital status have been appointed by The American Nurses Credentialing Center. Between them, they bring nearly 80 years of nursing experience to their review of LVHHN's Magnet application, followed by an anticipated site visit this spring.

Alyce Schultz, Ph.D., R.N., has a career spanning four decades as a nurse, teacher, administrator and researcher. A nurse researcher at Maine Medical Center in Portland, Schultz holds bachelor's and master's degrees in nursing from the University of New Mexico. She has published extensively and presented topics ranging from community health to wound care and neonatal pain management.

Karen Hildebrandt, M.S.N., R.N., C.N.A.A., is a nursing consultant with bachelor's and master's degrees in nursing from Northern Illinois University. Her clinical experience includes coronary and intensive care in medical-surgical with an administrative background as director of nursing at St. Mary's Hospital and Community Hospital in Colorado. Hildebrandt has held faculty affiliate positions at Idaho State University and Mesa State College in Colorado.



(L-R) Making the rounds—Intensivist Stephen Matchett, M.D., Lori Snyder R.N., and Joseph Tomko, registered pharmacist, teach and learn from one another on MICU rounds.

Learn more about Magnet status at www.ana.org/anncc/magnet.htm



When Opportunity Knocks

The door is open
to expand your
mind, skills and
accomplishments—
all you have
to do is welcome
the opportunities.

Nurses talk about
how they embrace
new professional
development
opportunities here.



CVCU presented nurses on 3 South with congratulatory certificates for learning to read cardiac monitors. Christine Hartner, R.N., CVCU (Left), presents Sarah Lichtenwalner, R.N., 3 South, with hers.

“ I hone my skills
with the latest
technology. ”

Sarah Lichtenwalner, R.N., on 3 South at LVH-Muhlenberg isn't a surfer in the literal sense. But when her unit recently installed cardiac monitors, she saw an exciting opportunity to ride the wave of technological challenge and change.

“The monitors can be intimidating at first—it's like learning a new computer program,” says Lichtenwalner. “But it's important to break away from your comfort zone and continue learning. Because of this new skill, I'm better able to care for my patients.”

Cardiac monitors on medical-surgical units are a national trend as demand for monitoring acutely ill patients increases. With additional monitors, patients can be moved more quickly from the emergency department to the unit.

To become cardiac monitor literate, Lichtenwalner and her colleagues took a two-day course through LVH's Center for Educational Development and Studies. They also learned from nurses on LVH-Muhlenberg's cardiovascular care unit (CVCU), where reading monitors is a way of life.

Christine Hartner, R.N., CVCU, guided Lichtenwalner in deciphering monitor strips. “It's challenging to read the rhythms of the different patients, but Chris was encouraging and helpful,” Lichtenwalner says.

The experience was mutually fulfilling for Hartner. “Teaching is a fantastic opportunity to make a difference,” Hartner says. “It was rewarding to see Sarah build confidence and conquer a challenge.”





Juliet Geiger, R.N., trauma nurse coordinator, has honed her leadership and communication skills through board work.

“I share my expertise with the heavy hitters.”

Three years ago, Juliet Geiger, R.N., and trauma nurse coordinator at LVH-Cedar Crest, took a deep breath and walked into a Harrisburg board room, nervous about the opportunity at hand.

It was her first meeting as the newest board member of the Pennsylvania Trauma Systems Foundation—the governing body that decides which hospitals do, and do not, qualify for trauma accreditation.

One of only two nurses on the 19-member board, she was in the company of hospital CEOs, legislators and physicians, all who were looking for her expertise. Today, she continues to contribute a unique perspective as trauma coordinator for LVHHN's level I Trauma Center, where she is part of an award-winning team recognized for its community injury prevention programs.

“I'm on the front lines, so I can really tell it like it is,” she says. “I now have a position of power in making such important decisions.”

Through her experience, Geiger has gained new leadership and communication skills, and is a proud liaison between the board, LVHHN and other professional state organizations.

“There's a strategy to put your best foot forward for surveyor visits,” she says. “I have been able to give our people insight into that process and how the board operates for our own visits.”



After meeting at a conference, (L-R) Louise Renninger, R.N., and Margaret Stoudt, R.N., of 4A, now share nursing experiences with Donna Kalp, R.N., and Donna Polaha, R.N., of 7B.

“I still have professional milestones after 28 years.”

For 28 years, Louise Renninger, R.N., has been coming to work at LVHHN, quietly going about her job as a night-shift nurse on 4A.

But last October, the steady rhythm of her life here was pleasantly broken when she boarded a plane to give her first national poster presentation at The Academy of Medical-Surgical Nurses Tenth Annual Convention in Kansas City, Mo.

After nearly three decades in nursing, Renninger is still learning in the medical-surgical world. “I came back re-energized,” she says.

Renninger and 4A colleague Margaret Stoudt, R.N., presented the poster about new telemetry guidelines developed by Mary Jean Potylycki, director, 4A/4C and Bruce Feldman, D.O. Because Potylycki already had presented the poster in Washington, D.C., she saw the Kansas City conference as an opportunity for others on her unit.

The women had the chance to network and see firsthand how advanced their telemetry program was compared to other hospitals. Then there was an unexpected bonus: for the first time Renninger and Stoudt met two other LVHHN nurses from 7B—just three floors away.

“Here we are in the same hospital, and we ended up connecting in Kansas City,” Stoudt says. “We bonded over a lot of common issues and still keep in touch today.”



NOT YOUR

Ordinary Joe



ON THE GO – Joe Kristopaitis and the support partners on the PCCU get rooms spic-and-span for new patients and play a vital role in LVHHN's ready-bed program.

An award-winning support partner on the PCCU, Joe Kristopaitis is key in LVHHN's new ready-bed program

When a room needs cleaning, he's there in a jiffy. When a patient is discharged, he offers a fond farewell. And when a new process like LVHHN's ready-bed program is implemented, he tackles it with determination.

A support partner on LVH-Cedar Crest's progressive coronary care unit (PCCU), Joe Kristopaitis is a 28-year LVHHN veteran. And yet, every day there's a new challenge on the 20-bed unit where he works.

"You never know what to expect," he says. "It can get real hectic. One time we had 10 patients ready for discharge all at once. Believe it or not, I found a way to keep up, mostly because the tech partners helped, too."

All his days aren't that lively, but Kristopaitis is constantly in motion. Since patients typically spend just two-and-a-half days on the PCCU, efficient bed turnover is critical. That's where Kristopaitis' experience and efficiency come in handy.

When a patient is discharged, Kristopaitis first stamps a discharge card with the patient's nameplate and room number. He then accompanies the patient to the front entrance and hands the discharge card to a front-desk receptionist, who enters the information into PHAMIS.

Afterward, Kristopaitis heads back to the PCCU to clean the patient's room. He completes the whole process—dry-mop and wet-mop the floor, clean the bathroom, remove the rubbish and change the bed linen—quickly and thoroughly. But his work isn't done until he calls the bed management hot line (402-4510) and tells them the room is ready.

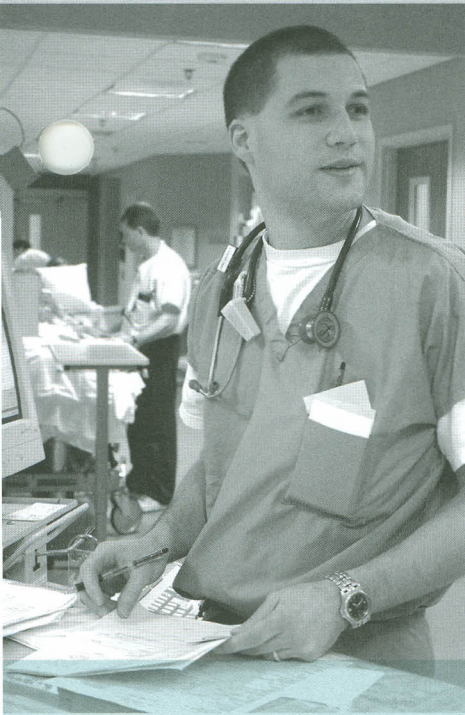
"Support partners like Joe are a vital in the process," says Lisa Romano, R.N., manager of bed management. Romano heads a Quality Quest award-winning team that created the ready-bed program and implemented it last September. "The goal is to get rooms ready in 30 minutes or less after discharge," she says.

The team, dubbed "*Admission Impossible: Instant Bed Status*," regularly honors the top goal-reaching unit with a gift basket, and PCCU has won several. Kristopaitis himself has been honored every month as one of the top 10 ready-bed support partners, earning LVHHN gift shop certificates. He used his recent rewards to buy some Christmas presents.

"The certificates are nice," he says, "but I'd do the same job with or without the bonus. That's why I'm here—to do the best job I can every day." ■

ON THE FRONTLINES IN DISASTER

LVHHN'S NURSING STAFF RISES TO THE OCCASION IN THE CEDARBROOK FIRE



He didn't say the "Q-word" (*you know, quiet*). Nobody in the emergency department does. But Eric Bubbenmoyer, R.N., did notice some calm in LVH-Cedar Crest's ED early on Dec. 15.

"I was looking forward to a relaxing break," he says.

Then, at 7 p.m., the ED's radio came alive. A fire broke out in Cedarbrook-Allentown senior citizens' home. Its residents were en route. How many? Nobody knew, but preparation was essential.

So Bubbenmoyer, charge nurse that night, apprised the staff, and everyone flew into action. Ten beds were cleared. Litters were ready to go.

"Each unit created as much space as possible. Supplies came quickly. Additional staff came when needed," says Bubbenmoyer.

The good news: just 12 residents needed ED treatment, with few suffering from serious smoke inhalation. More good news: hospital staff helped one another in the face of disaster.

A Special Kind of Medicine

Early Sunday morning, half of LVH-Cedar Crest's 5B went from a partially empty unit, ready for Monday morning surgical cases, to a full-service operation for displaced Cedarbrook residents. The new guests started arriving at 4 a.m.

Many turned to Lisa Bickel, R.N.

"Most residents were alert and eager to tell their stories," Bickel says. "They talked about being carried down seven flights of stairs to safety and sleeping on mats in a school."

Cedarbrook residents get interim homes

■ Officials don't know how long it will take to get Lehigh County facility clean after fire.

By BOB WITTMAN
Of The Morning Call

Officials had no idea Sunday how long it would take to get Lehigh County's nursing home, Cedarbrook, ready for residents to return. Saturday's electrical fire that left the building without power and a coating of soot clinging to everything inside.

ston, Lehigh County's acting director of human resources and one of numerous officials who spent the night at the nursing home helping residents and managing their evacuation.

Lehigh County Commissioner Joseph Pasceuzzo, who visited Cedarbrook late Sunday afternoon, said workers there told him it would be at least Tuesday before the home began to return to normal.

Bickel didn't need to administer IVs or medications; many weren't hurt in the fire. But she did dispense a special dose of good listening.

"Many were without a home and lonely," she says. "I loved talking with them."

A Bundle of Comfort and Care

Terri Amato, R.N., faced a particular challenge—five of the 15 residents admitted to 4-South at LVH-Muhlenberg Sunday came from Cedarbrook's Alzheimer's unit and were disoriented.

"It broke my heart to see them come in all bundled up and shivering, most of them in wheelchairs," says Amato. "They were upset and very scared."

To them, the best care was reassurance. "Holding their hands and telling them it's OK really made a difference," says Amato.

By Monday, Amato knew every patient by name. When she helped bundle them up for their trip back to Cedarbrook on Tuesday, she couldn't help but feel a little sad. "I hated to see them go," she says. ■

Go BEHIND the SCENES

Learn how the people behind the scenes responded to the Cedarbrook disaster in the February issue of *CheckUp*.

HOW TRUE TEAMWORK HAPPENED...

"ED nurse Rosemarie Scheier wasn't even on call, but she came in to ensure enough beds were open. I took comfort knowing she was handling the situation."

—Eric Bubbenmoyer, R.N.
ED, LVH-Cedar Crest

"Everybody on every level came together. Terry Capuano, senior vice president of clinical services, stopped by in the middle of the night to update us and pitch in."

—Lisa Bickel, R.N.
5B, LVH-Cedar Crest

"The Cedarbrook and LVH staffs united in helping, especially when a Cedarbrook nurse's aide came in on her time off to lend a hand."

—Terri Amato, R.N.
4S, LVH-Muhlenberg



EVEN FIRST-TIME AUTHORS CAN MAKE THE COVER

Sharon Kromer, R.N., and Deb Matta,
R.N., authored a cover story in
Advance for Nurses magazine.



It may be challenging, but it's not impossible. You just need the "write" guidance and strategy.

You pick up last November's issue of *Advance for Nurses* magazine.

"Oh, look, LVHNN's Take NOTES* program is on the cover," you think. "How did our nurses get their story published...and so prominently? I wonder if I can get published, too."

Yes, you can. "With a good idea, some time and a mentor to guide you through the research and writing process, you can be one of the new authors who are published every day," says Jann Christensen, R.N., project specialist, office of professional development and outcome studies.

Christensen should know. She's been a writer and mentor, and the one who pitched the story idea to the *Advance* editor. "The editor liked the idea so much, she wanted it for the cover," Christensen says.

At that, Christensen put on her mentor hat and called a pair of new writers: Sharon Kromer, R.N., 7A, and Deb Matta, R.N., Eastern Pennsylvania Nephrology

Associates, who have been organizing and facilitating the nursing shadowing program for more than five years.

"Publications are always seeking articles, and they want to hear from bedside experts, the nurses who provide the daily care to patients," Christensen says.

Kromer was "really excited, but really scared" about her new opportunity. "I hadn't written anything since college," she says.

But it was much easier than she expected, mainly because she is an expert on her topic. "I didn't have to do much research," she says. "I just contacted a few people to confirm dates and interviewed a few former Take NOTES students for their impressions of the program."

And the biggest plus: her mentor, Christensen and partner, Matta. Though Kromer found balancing her home, work and writing responsibilities challenging, the support was key in collaborating on an outline, reviewing drafts and agreeing on a final version for the magazine.

Aaahhh, yes, the final version.

"It was so exciting to see my name in print!" Kromer says. "And now I can add 'published author' to my credentials."

**Nursing Opportunities to Educate Students*

LVH Authors in *Nursing Spectrum*

Over the next few months several LVHNN nurses will be published in *Nursing Spectrum*. Staff nurses from psychiatry, SCU, TOHU, OHU and 4A all have ideas and articles on the "writing board." They are all writing about their daily work or life experiences.

WRITE IT! YOU HAVE A GOOD STORY

**Are you involved in a unique program?
Have you creatively cared for a challenging
patient? Could somebody benefit from your
experience?**

Your answer is probably "yes." We all have good stories to share, and the staff at PDOS can help you get published.

Call 610-402-1704.

MAGNET WORK GROUP

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Linda Durishin, R.N.

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Joanne Gimpert
Lois Guerra, R.N.

Marilyn Guidi, R.N.
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Pamela Maurer
Anne Panik, R.N.
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Molly Sebastian, R.N.
Carol Sorrentino, R.N.
Susan Steward, R.N.

Carol Torchen, R.N.
Paulette Kennedy, R.N.
Judy Pfeiffer, R.N.

WE TRULY MAGNIFY EXCELLENCE!

LEHIGH VALLEY
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A Magnet Contender Weighs In

Aaaaand the heavyweight title goes to...LVHNN's five-binder Magnet application, weighing in at a hefty 46 pounds and 3,251 pages.

Some 30 employees entered a "Guess the Weight of the Magnet Application" contest with guesses ranging from four to 150 pounds and up to 10,150 pages. But when all was said and done, Jennifer Hou, R.N., special care unit, came the closest with a guess of 51.2 pounds and 3,011 pages.

Second place was captured by Renee Gombert, R.N., director, mother-baby unit; and in third place, Molly Sebastian, R.N., administrator, clinical services.

All three lucky winners will be treated to Kim Hitchings' famous homemade sugared pecans or snack pretzels, depending on whichever culinary muse speaks to her when baking time comes.

Meanwhile, spring is just around the corner and so, too, is a possible visit by our Magnet reviewers. Their purpose will be to check that what was touted in the application is indeed being practiced here. So start thinking and talking about all your unit's Magnet qualities and get ready to champion your stories. Get to know our Magnet reviewers by reading about them on page 3.



Jennifer Hou, R.N., came the closest to guessing the weight of the Magnet binders.



COMING ATTRACTIONS

HERE ARE THE CONTINUING EDUCATION PROGRAMS HAPPENING IN MARCH AND APRIL

March/April

Trauma 2002: A Continuum of Care

Feb 28/March 1

7:30 a.m. - 4:30 p.m. on Feb. 28

7:30 a.m. - 3:30 p.m. on March 1

Holiday Inn, Fogelsville

IABP

March 6

8 a.m. - noon • Auditorium, LVH-CC

1 - 4:30 p.m. • Ed. Room, MICU/SICU

March 26

8 - 4:30 p.m. • Classroom 2, LVH-CC

1:1 Observation

March 7

10 - 11 a.m. or 2 - 3 p.m.

1st Floor Conference Room, LVH-Muhlenberg

March 12

10 - 11 a.m. or 2 - 3 p.m. • Auditorium, LVH-17th

March 13

for Support Partners

2 - 3 p.m. • Auditorium, LVH-CC

March 20

10 - 11 a.m. • Auditorium, LVH-CC

April 4

2 - 3 p.m. • Auditorium, LVH-CC

Critical Care Course

Day 4 March 11

8 a.m. - 4:30 p.m. • Auditorium, SON

Day 5 March 12

8 a.m. - 4:30 p.m. • Auditorium, SON

Day 6 March 15

8 a.m. - 4:30 p.m. • EMI, 2166 S. 12th St.

Day 7 March 18

8 a.m. - 4:30 p.m. • Auditorium, SON

Day 8 March 25

8 - 4:30 p.m. • EMI, 2166 S. 12th

Day 9 March 27

8 - 4:30 p.m. • Auditorium, SON

Day 10 April 9

8 - 4:30 p.m. • Auditorium, SON

Day 11 April 12

8 a.m. - 4:30 p.m. • Auditorium, SON

Cardiovascular Surgery Module

March 11

8 a.m. - 4:30 p.m. • Room 900, SON

Learning Partners

March 13

8 a.m. - noon • Classroom 8 JDMCC

Education for Practitioners on End-of-Life Care

March 14 and 15

7:45 a.m. - 5 p.m. • Auditorium, SON

Neuroscience Nursing Certification Exam

March 16

1 p.m. - 5 p.m. • Classroom 2, LVH-CC

Code Orange Certification

March 21

7:30 - 11:30 a.m. or 12:30 - 4:30 p.m.

Room 900, SON

Preceptor Preparation Program

April 1

8 a.m. - 4:30 p.m. • Classroom 7, JDMCC

Advanced Dysrhythmias

April 3

8 a.m. - 4:30 p.m. • Classroom 1, LVH-CC

Research Day

Using Evidence to Change Practice

April 8

Auditorium, LVH-CC

Assessment and Management of Behavioral Dyscontrol

(Code Orange Certification)

April 10

Part I

8 - noon • Education Room, Behavioral Health
Science Center

Part II

April 11

8 - 4:30 p.m. • Room 900, SON

Diabetes Education: Teaching Your Patients to Manage Diabetes

April 16

8 a.m. - 4:30 p.m. • Classroom 1, LVH-CC

Cardiovascular Surgery Module

April 18

8 a.m. - 4:30 p.m. • Classroom 1, LVH-CC

Renal Workshop

April 19

8 a.m. - noon • Classroom 2, LVH-CC

Basic Dysrhythmias

April 22 and 25

8 a.m. - 4:30 p.m. • Auditorium, SON

PICU Course

April 25 and 26

8 a.m. - 4:30 p.m. • Auditorium, LVH-17th

Trauma Nurse Course: Adult Trauma

Day 1

April 29

8 a.m. - 4:30 p.m. • EMI, 2166 S. 12th

Day 2

April 30

8 a.m. - 4:30 p.m. • EMI, 2166 S. 12th

For more information or to register,
please see e-mail bulletin board at
"Nurs_Ed_Cont_Ed" or call 610-402-2277.